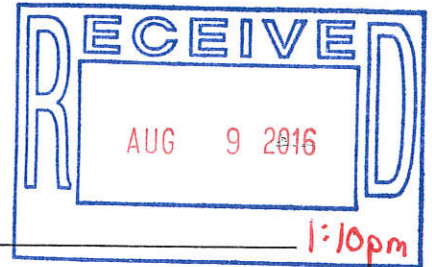


City of St. Louis
2016 REQUEST FOR PROPOSALS (RFP)
Application



1. Name of Applicant: Horizon Housing Development Company
2. Name of Program: Horizon Housing Development Company
3. Program Address: 3001 Arsenal Street
4. Phone: 314-865-0383 Fax: 314-865-0750 E-mail: hhdc02@sbcglobal.net
5. Contact Person & Title: Shanna Nieweg Executive Director

6. **SELECT ONLY ONE CATEGORY.** An agency may request funds from multiple funding sources and from multiple categories. The agency **MUST** complete a separate application for each category. To select a category, double click on the box and under the default value select "checked".

2016 Continuum of Care (CoC): NEW PROJECTS ONLY

☒ Permanent Supportive Housing (PSH) for chronically homeless households, including individuals and families, and unaccompanied youth

☐ Rapid Re-Housing (RRH) for individuals and families, including unaccompanied youth who are residing on the streets or in emergency shelters or who are fleeing domestic violence

7. Target Population(s):

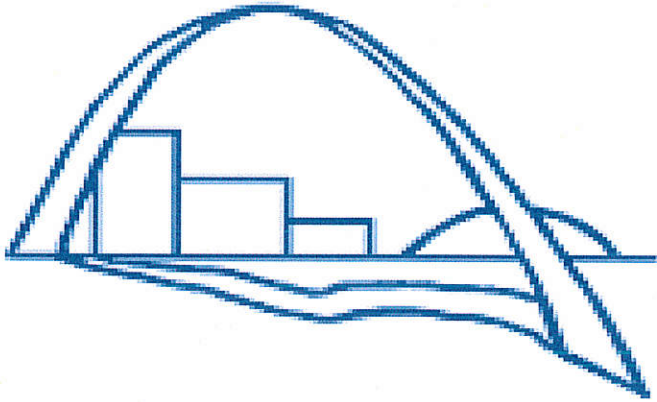
- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Single Men | <input checked="" type="checkbox"/> Women w/ children | <input type="checkbox"/> Veterans | <input type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Single Women | <input type="checkbox"/> Battered Spouse | <input type="checkbox"/> Persons with Physical Disabilities | <input type="checkbox"/> Drug Dependent |
| <input checked="" type="checkbox"/> Families | <input type="checkbox"/> Alcohol Dependent | <input type="checkbox"/> Elderly | <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Teenage Mothers | <input type="checkbox"/> Chronically Mentally Ill | | <input checked="" type="checkbox"/> Other |

8. Housing:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Barracks | <input checked="" type="checkbox"/> Scattered Site Apartments | <input type="checkbox"/> Single Room Occupancy | <input type="checkbox"/> Detached House |
| <input type="checkbox"/> Group/Large House | | <input type="checkbox"/> On-site Apartments | <input type="checkbox"/> Other |

9. Requested amount reflects: 24.38 % of the program/project budget of \$ 689,356.00
Requested amount reflects: 20.72 % of the total agency's budget of \$ 811,007.00
Is this program/project currently in existence? ☒ Yes How many years? 12 ☐ No
Annual amount of funds received from other City Department/Agencies? \$ 0.00

2016 CoC Request for Grant Proposal New Projects Permanent Supportive Housing



Horizon Housing Development Company

Mission Statement:

To assist in providing housing services to St. Louis City homeless individuals with developmental disabilities.

3001 Arsenal Street
St. Louis MO, 63118
314-865-0383
314-865-0750 (Fax)
Contact: Shanna Nieweg
hhdc02@sbcglobal.net
www.hhdc-stl.org

August 9, 2016

**City of St. Louis
Department of Human Service
Homeless Services Division
1520 Market Street, Suite 4062
St. Louis MO 63103**

Horizon Housing Development Company

Horizon Housing Development Company (HHDC) requests funding for supportive services, operating and administration cost in the amount of \$168,081.00.

Narrative

Horizon Housing Development Company (HHDC) provides permanent supportive housing to St. Louis City residents with developmental disabilities who are homeless. HHDC provides permanent supportive housing in seven scattered sites with a total of 30 units. Individuals and heads of households with developmental disabilities, who also meet the HUD definition of homelessness, qualify for this program.

Permanent housing supports for the non-disabled are not always suitable for individuals with developmental disabilities. The goal of Horizon's Supportive Housing Program is to end homelessness for individuals with developmental disabilities. This is accomplished by using a Housing First approach that focuses on these five points: 1. Move people with disabilities on the streets or in shelters directly into housing. 2. Collaborate with long-term case management providers to provide robust support services. 3. Provide continued tenancy without mandating participation in services. 4. Embrace a "harm-reduction" approach to addictions. 5. Provide legal protection through leases and tenant protections.

The services provided by Horizon Housing's program are designed specifically to meet the level of understanding of each individual program participant. The direct supports provided through Horizon's Supportive Housing Program in conjunction with supports provided through partnerships with other community agencies, including long-term case management providers, employment services, and socialization programs, assist program participants with breaking the cycle of homelessness permanently.

Client Population

Horizon Housing's consumers must meet the qualifications of our program. Head of household assistance can only be provided to individuals with developmental disabilities and families in which one adult or child has a developmental disability. Horizon Housing Development Company serves single men, single women and families.

Summary of Eligibility Criteria:

Developmental Disabilities:

- * Autism spectrum disorder
- * cerebral palsy

* Epilepsy

* intellectual/learning disability

These developmental disabilities must be diagnosed before one's 22nd birthday or one must meet the functional definition of a developmental disability as determined by the St. Louis Regional Office.

A client served through this program must be homeless; Horizon Housing Development Company defines homeless qualification as followed; 1 Places not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings, 2 Emergency shelters, 3 Transitional housing for homeless persons and must have originally come from the streets or emergency shelters. 4 A person leaving jail or prison without a residence.

Organizational Capacity and Experience

Horizon Housing Development Company (HHDC) has provided permanent housing to St. Louis City residents who are homeless with developmental disabilities since 2004. HHDC currently houses 32 individuals with developmental disabilities and their families for a total of 60 people. Rent is based on 30% of adjusted income if available or is free. Utilities are included with every apartment. Horizon Housing Development Co. provides tenants with basic furniture, household supplies i.e.: silverware, pots and pans, towels, sheets, blankets, and comforter. Tenants have access to free washer and dryers. At our Gravois location, there is a twenty-four hour staffed front desk that provides security along with a friendly hello or a resource for the tenants when they need help with reading directions on food or medication. Additional security is provided by cameras at each of the building. This monitoring, along with the visitor policy of each building, provides security against unwanted move in's by friends and relatives of the tenants. Additionally, there are procedures in place for building maintenance and emergencies. Safe quality housing is important to HHDC and our consumers.

While permanent supportive housing is HHDC's primary focus, tenants receive limited support from our Supportive Living Coordinator. This person liaisons with the supportive service providers and the case managers from both St. Louis Office of Developmental Disability Resources and St. Louis Regional Center to ensure that services are provided and carried out or to request additional services.

We currently have seven buildings, three in South City and four in North City. HHDC owns all of our properties. This allows HHDC the ability to have full control over properties. HHDC is proud of the quality of housing we provide. HHDC is currently at full capacity.

Stable housing is a key success factor for individuals seeking employment, maintaining employment or dealing with the application process for Social Security Income (SSI). With permanent housing, individuals are able to schedule daily activities such as sleep, meals and recreation around a job. When homeless, daily activities are often controlled by others.

Over the past three years there has been a greater focus within the CoC on permanent housing due to the strong demand for it. Horizon Housing Development Company wants to be a part of the solution to this growing problem of not having enough permanent housing to serve St. Louis City residents with developmental disabilities who are homeless.

A resident in our program is provided with permanent housing and its accompanying sense of community, something that many have not had for a while. This allows the individual to set and

fulfill other goals in life. It may be something as simple as learning to cook, getting employment or the resident may be trying their best to reunite with their children or addressing some other personal issue. Providing housing needs to our clients means so much more than just a home.

The total capacity of beds is 74 but due to family size of households with dependent children, the current number of beds used is 60.

HHDC has been focused on diversifying our funding from several sources assuring stability for the future. HHDC is currently funded by grants from, St. Louis Office for Developmental Disabilities and tenant rents. HHDC was funded by HUD SHP funds through a sub recipient grant under DD Resources until they let it go in 2015.

HHDC has always exceeded its APR goals and provided excellent outcomes for homeless services. HHDC has been in the Rosie/ HMIS system since 2006. HHDC is an active member of the CoC and the director sits on the board. HHDC attends yearly 6 board meetings, 6 general meetings, 12 committee meetings and 4 joint CoC meetings. Keeping active and up to date with HUD and CoC compliances is important to HHDC. It make the agency better equipped to carry out housing services to the homeless population.

Horizon Housing incorporated the housing first policy into our program four years ago. HHDC has seen the benefits of Housing First. Including but not limited to; reaching and serving the most vulnerable population and getting them services by establishing trust not forcing services, lowering criteria's and giving homeless consumers chances they would not have qualified for elsewhere. In the past four years HHDC has had 6 graduates that are living in fair market or low income housing completely independent and sustainable. Three of the six are in or have purchased their first homes through collaborative agency home buying counseling programs. HHDC has been representing the CoC best practices and performance measures for years and will continue to do so.

Service Plan

HHDC currently maintains a waitlist of 56 individuals. The waitlist gives first priority to chronically homeless individuals and families with a developmental disability and with the longest history of homelessness with the most severe service needs.

HHDC is committed to be a participant in the CoC front door assessment & referral process. HHDC will no longer maintain a waitlist. All housing vacancies will be filled through the front door. HHDC will send vacancy information to prioritization list provider weekly. HHDC will review front door referrals and conduct any additional screening process. HHDC will make a determination to accept or reject referral within 7 days of receiving HMIS referral from front door assessment provider. HHDC does realize being PSH referral may be conditional to acceptance pending final eligibility determination. HHDC knows we must accept 1 of every 4 referrals and detailed documentation is needed for reason for rejection and will be maintained in HMIS. HHDC will participate in case conference meetings and adhere to base-line eligibility requirements.

Participant Tracking and Reporting

Horizon Housing has been using the HMIS/Rosie system since 2006. All consumers information provided in a support plan including; assessments, income, services, diagnosis, goals, progress, outcomes and client characteristics are entered into HMIS.

Our yearly APR statistics reports come from our HMIS data. Horizon's PSH program provides permanent supportive housing in seven scattered sites with a total of 30 units. Occupancy rates

for the program's existence have remained at 100%. The average retention rate for current occupants is 4 years. This is based on move-in dates ranging from 5/7/04 to 7/9/16. In the 2015 annual APR report this program had far exceeded its goals.

The Great Horizons program housing stability measure target was 84% and the actual was 94%. The total income measure target was 84% and the actual was 91%. The target of heads of households to maintain or increase access to public benefits was 79% and the actual was 100%.

Job Descriptions/Resume

Copies of Job Descriptions and Resumes are under attachments along with HHDC organizational chart. HHDC request funding for a fulltime Maintenance Supervisor position with salary and benefits. A Full time maintenance person with salary and benefits. This will allow our agency to maintain its properties and eliminate some of the cost of using sub-contractors.

HHDC request a full time Supportive Living Coordinator (SLC) position with salary and benefits. This will provide our clients and their families the full benefits of supportive services our agency offers. The clients receive supportive services but their children do not. A SLC can provide services to the whole family. This will help prevent the cycle of homelessness and address issues that affect families as a whole. It is not just the head of the household experiencing homelessness, it is the entire family. The services offered by a SLC will help our clients and their families lead quality independent lives.

Horizon Housing Development Company's Executive Director Shanna Nieweg, has fourteen years of nonprofit and financial experience ranging from Non-profit auditor to capital project leader on other housing projects in St. Louis. Other key staff members include a Chief Financial Officer, Supportive Living Coordinator, Operation Manager, Maintenance Supervisor, Maintenance Staff Member and 11 Front Desk Monitors.

RFP Page 8) Detailed Budget
Summary of Operating Budget

Eligible Costs	Quantity	CoC Request	Total Request
1.Maintenance/Repair/Supplies	general repairs and upkeep paper products, ice melt, cleaning supplies, etc.	\$34,768	\$34,768
2. Maintenance Staff	1full time Main. Tech. position and 1 full time Main. Supervisor position/Includes taxes and benefits \$57,000	\$48,086	\$48,086
3.Utilities	Gas, electric, water, sewer	\$34,052	\$34,052
4.Equipment (lease/buy)	Replacement equipment (stoves, refrigerator, lawn mower, snow blower, fire extinguisher, etc.)	\$5,002	\$5,002
5.Insurance	7 buildings/truck	\$9,921	\$9,921
6.Furnishings	replacement furniture (beds, sofas, etc.)	\$5,593	\$5,593
7. Building Security	Security Systems for all units	\$4,900	\$4,900
10.Total CoC Request		\$142,322	\$142,322
11.Cash Match		\$35,580	\$35,580
12.Total CoC Operating Budget		\$177,902	\$177,902
13.Other Resources (cash and in-kind)		\$0	\$0

Summary of Supportive Services Budget

Eligible Costs	Quantity	CoC Request	Total Request
1. Case Management/Supportive Living Coordinator	Supportive Living Coordinator (BSW) at \$43,000 base salary and19% benefits and fringes including health insurance, pension & FICA	\$18,325	\$18,325
11. Transportation	bus passes	\$977	\$977
13. Other (must specify)	Food perishable & nonperishable	\$825	\$825
14. Administrative Cost		\$5,632	\$5,632
14. Total CoC dollars requested		\$25,759	\$25,759
15.Cash Match		\$6,440	\$6,440
16.Total CoC Supportive Services Budget		\$32,199	\$32,199

RFP Page 8 Attachments

501 c 3 letter

Organizational Chart

Current List of Board Members--

Federal Form 990

Job Descriptions

Detailed Budget

Certificate of Good Standing

CINCINNATI OH 45999-0038

In reply refer to: 0248221235
Feb. 24, 2015 LTR 4168C 0
16-1671788 000000 00

00024264
BODC: TE

HORIZON HOUSING DEVELOPMENT COMPANY
3001 ARSENAL ST
SAINT LOUIS MO 63118

RECEIVED

MAR 03 2015



020700

Employer Identification Number: 16-1671788
Person to Contact: Ms. Howard
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 12, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 2004.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

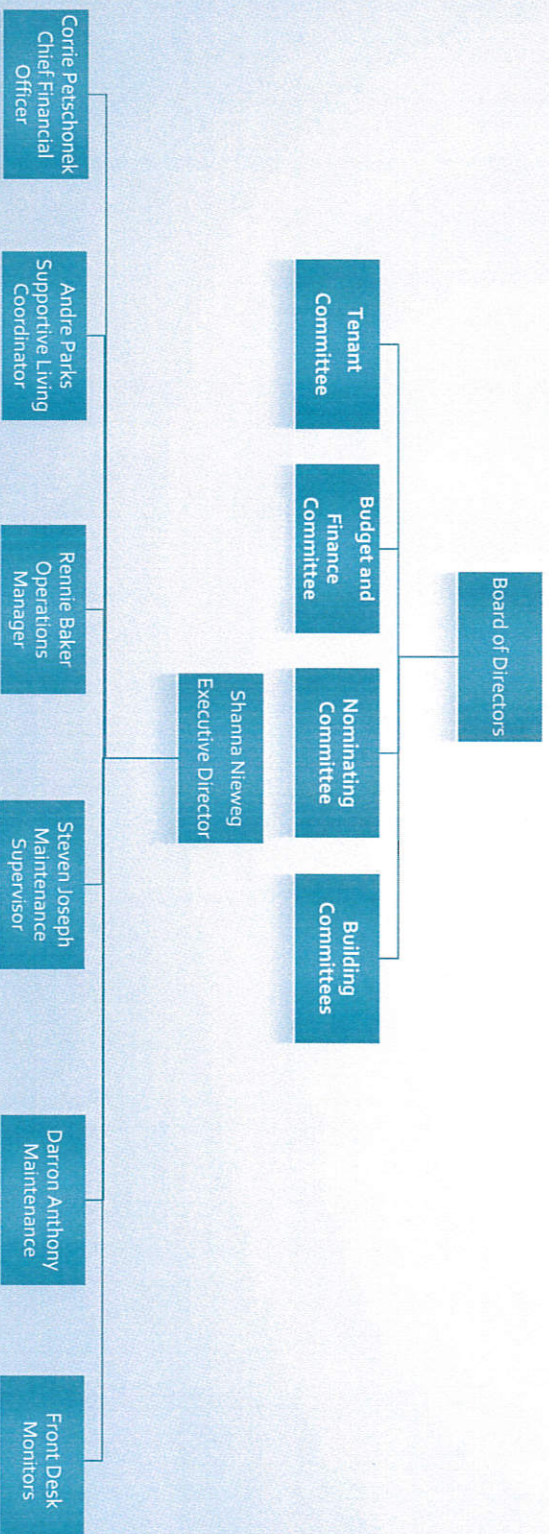
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



Horizon Housing Development Company
Providing housing to the developmentally disabled

Organizational Chart



**HORIZON HOUSING DEVELOPMENT COMPANY
BOARD MEMBERS
Effective 7/1/16**

**Marsha Sledge-Bryant (President) (7/1/2016-7/1/2017)
(Term 6/30/14- 6/30/17)**

Employer: Missouri School for the Blind/Coordinator

1208 S. 13TH Street

St. Louis, MO 63104

mbryant912@gmail.com

personal email

marsha.bryant@msb.dese.mo.gov

work email

314-395-5880 Home

314-564-5637 Cell

314-776-4320 Ext. 1200 Work

**Pamela G. Boone (Vice President) (Term 7/1/16-7/1/17)
(Term 6/30/13- 6/30/16)**

Employer: Synergetic USA, Inc.

Vice President

1185 Lakewood Drive

Pacific, MO 63069

pboone@synergeticsusa.com

314-973-9172 Cell

**Brian T. Lovinguth (Secretary) (Term 7/1/16-7/1/17)
(Term 3/2015-3/2018)**

Employer: Sigma-Aldrich/Account Development Specialist

1546 Collins Avenue

St. Louis, MO 63117

314-488-0840

Brian.Lovinguth@gmail.com

**Michael Goad (Treasurer) (Term 7/1/16-7/1/17)
(Term 6/30/14- 6/30/17)**

Employer: City of St. Louis/Accountant

Department of Human Services

607 N Grand Blvd. #903

St. Louis, MO 63103

goadm@stlouis-mo.gov

goadstls@yahoo.com

314-371-0199 Home

314-657-1666 Work

Jack Horgan (Term 6/30/14- 6/30/17)

Employer: Sigma Aldrich

Analyst Corporate Development

845 N. McKnight

Apt B

St. Louis, MO 63132

jack.horgan@sial.com

314-502-2360

Trent J. Pavic (Term 3/2015-3/2018)

Employer :Pulaski Bank /Commercial Credit Analyst

1923 Lilly Avenue

St. Louis, MO 63110

216-577-5085

trentpavic@gmail.com

Mark Johnson (Term 6/30/14- 6/30/17)

Horizon Housing Client

3331 Gravois Apt. 3C

St. Louis, MO 63118

Majohnson255839@yahoo.com

314-255-4009

Larry Keith Boone (Goes by Keith) (Term 6/30/14- 6/30/17)

Entrepreneur : Boone's Lawncare

1185 Lakewood Dr.

Pacific, MO 63069

lkboone41@hotmail.com

314-341-8463 Cell

636-271-6667 Home

314-341-8463 Work

Dorris J. Walker-McGahee (Term 5/26/2015-5/26/2018)

Employer: St. Louis Public Schools

5633 Eagle Valley Drive

Country Club Hills, MO 63136

314-345-4657 Work Phone

314-504-1805 Cell Phone

314-553-9530 Home Phone

dorris.mcgahee@slps.org

dorrismcgahee@yahoo.com

HORIZON HOUSING DEVELOPMENT COMPANY
3001 ARSENAL STREET
ST LOUIS, MO 63118

Nichols Stopp & Vanhoy
10425 Old Olive Street Rd Ste 101
Creve Coeur, MO 63141-5940

Filing Instructions

HORIZON HOUSING DEVELOPMENT COMPANY

Exempt Organization Tax Return

Taxable Year Ended June 30, 2015

Date Due: November 16, 2015

Remittance: None is required. Your Form 990 for the tax year ended 6/30/15 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Nichols Stopp & Vanhoy
10425 Old Olive Street Rd Ste 101
Creve Coeur, MO 63141-5940

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending

C Name of organization

HORIZON HOUSING DEVELOPMENT COMPANY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

3001 ARSENAL STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ST LOUIS

MO 63118

D Employer identification number

16-1671788

E Telephone number

314-865-0383

G Gross receipts \$ 907,721

F Name and address of principal officer:

JACK HORGAN

3001 ARSENAL STREET

ST LOUIS

MO 63103

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:

☒ 501(c)(3)☐ 501(c) ()

(insert no.)

☐ 4947(a)(1) or☐ 527

J Website:

WWW.HHDC-STL.ORG

K Form of organization:

☒ Corporation☐ Trust☐ Association☐ Other

H(c) Group exemption number

L Year of formation: 2003

M State of legal domicile: MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

TO ASSIST IN PROVIDING HOUSING SERVICES TO ST. LOUIS CITY RESIDENTS WITH DEVELOPMENTAL DISABILITIES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 12

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 12

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)

5 19

6 Total number of volunteers (estimate if necessary)

6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

669,646

856,692

9 Program service revenue (Part VIII, line 2g)

56,330

49,601

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,253

1,428

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

727,229

907,721

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

367,026

409,766

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25)

0

0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

338,668

354,591

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

705,694

764,357

19 Revenue less expenses. Subtract line 18 from line 12

21,535

143,364

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

1,364,642

1,513,064

21 Total liabilities (Part X, line 26)

10,866

15,924

22 Net assets or fund balances. Subtract line 21 from line 20

1,353,776

1,497,140

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

JACK HORGAN

Type or print name and title

PRESIDENT

Date

Paid Preparer Use Only

Print/Type preparer's name

Carl E. Stopp

Preparer's signature

Carl E. Stopp

Date

10/02/15

Check ☒ if

self-employed

PTIN

P01325467

Firm's name

Nichols Stopp & Vanhoy

Firm's EIN

27-3375359

Firm's address

10425 Old Olive Street Rd Ste 101

Creve Coeur, MO 63141-5940

Phone no.

314-569-3800

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III: ☐

1 Briefly describe the organization's mission:

TO ASSIST IN PROVIDING HOUSING SERVICES TO ST. LOUIS CITY RESIDENTS WITH DEVELOPMENTAL DISABILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 622,406 including grants of \$) (Revenue \$ 49,601)
PROVIDED HOUSING FOR DEVELOPMENTALLY DISABLED PERSONS IN ST. LOUIS
MISSOURI.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 622,406

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	17	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	19	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4986?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	12	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	12		
b Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ☒ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ☒
 SHANNA NIEWEG
 3001 ARSENAL STREET
 ST. LOUIS MO 63118 314-865-0383

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN LOVINGUTH	1.00									
Assistant Secretary	0.00	X		X				0	0	0
(2) TRENT PAVIC	1.00									
Treasurer	0.00	X		X				0	0	0
(3) MARSHA SLEDGE-BRYANT	1.00									
Vice President	0.00	X		X				0	0	0
(4) PAMELA G BOONE	1.00									
Secretary	0.00	X		X				0	0	0
(5) JACK HORGAN	1.00									
President	0.00	X		X				0	0	0
(6) SHANNA NIEWEG	40.00									
Executive Dir.	0.00			X				69,235	0	10,386
(7) JOSEPH THELE	1.00									
Director	0.00	X						0	0	0
(8) MARK JOHNSON	1.00									
Director	0.00	X						0	0	0
(9) MICHAEL GOAD	1.00									
Director	0.00	X						0	0	0
(10) LARRY KEITH BOONE	1.00									
Director	0.00	X						0	0	0
(11) ADONIS REDDICK	1.00									
Director	0.00	X						0	0	0

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CLARICE WOODARD	1.00									
Director	0.00	X						0	0	0
(13) DORRIS WALKER-MCGAHEE	1.00									
Director	0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								69,235		10,386
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								69,235		10,386
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization										0

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	856,692		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f.		856,692		
Program Service Revenue	2a	RENTAL INCOME	Busn. Code	49,601	49,601	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f.		49,601		
	3	Investment income (including dividends, interest, and other similar amounts)				
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
Other Revenue	6a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental exps.				
	c	Rental inc. or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less: cost or other basis & sales exps.				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less: cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue			Busn. Code		
11a	MISCELLANEOUS INCOME		1,428	1,428		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		1,428			
12	Total revenue. See instructions.		907,721	51,029	0	0

Part IX Statement of Functional ExpensesSection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,235	47,772	21,463	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	259,550	219,786	39,764	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,468	2,532	936	
9 Other employee benefits	47,323	34,455	12,868	
10 Payroll taxes	30,190	21,118	9,072	
11 Fees for services (non-employees):				
a Management				
b Legal	17,099		17,099	
c Accounting	8,200		8,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,946	4,907	3,039	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	87,444	79,482	7,962	
17 Travel	1,808	1,388	420	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,754	1,336	1,418	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,275	85,275		
23 Insurance	24,144	18,924	5,220	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs and Maintenance	71,529	68,710	2,819	
b Supplies	24,137	17,219	6,918	
c Security	10,534	9,694	840	
d Specific Assistance	6,679	6,679		
e All other expenses	7,042	3,129	3,913	
25 Total functional expenses. Add lines 1 through 24e	764,357	622,406	141,951	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	114,497	1	43,851
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	46,882	3	54,602
	4 Accounts receivable, net	4,055	4	9,021
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
	7 Notes and loans receivable, net		6	
	8 Inventories for sale or use		7	
	9 Prepaid expenses and deferred charges	28,414	8	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,014,905	9	28,964
	b Less: accumulated depreciation	638,279	10b	
	11 Investments—publicly traded securities	1,170,794	10c	1,376,626
	12 Investments—other securities. See Part IV, line 11		11	
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,364,642	15		
Liabilities	17 Accounts payable and accrued expenses	5,045	16	1,513,064
	18 Grants payable		17	9,940
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,821	24	
	26 Total liabilities. Add lines 17 through 25	10,866	25	5,984
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	15,924
	27 Unrestricted net assets	1,353,776	27	1,497,140
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,353,776	33	1,497,140
34 Total liabilities and net assets/fund balances	1,364,642	34	1,513,064	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	907,721
2	Total expenses (must equal Part IX, column (A), line 25)	2	764,357
3	Revenue less expenses. Subtract line 2 from line 1	3	143,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,353,776
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,497,140

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

HORIZON HOUSING DEVELOPMENT COMPANY

Employer identification number

16-1671788

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Part II**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	547,479	506,679	528,733	669,646	856,692	3,109,229
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	547,479	506,679	528,733	669,646	856,692	3,109,229
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,109,229

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	547,479	506,679	528,733	669,646	856,692	3,109,229
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,826			1,253	1,428	6,507
11 Total support. Add lines 7 through 10						3,115,736
12 Gross receipts from related activities, etc. (see instructions)					12	297,756
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.79 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.59 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶

	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

OTHER INCOME \$ 6,507

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2014▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

HORIZON HOUSING DEVELOPMENT COMPANY16-1671788

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Page 1 of 1

Page 2

HORIZON HOUSING DEVELOPMENT COMPANY

Employer identification number

16-1671788

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	St. Louis Office for DD Resources 2334 Olive Street St. Louis MO 63103	\$ 856,692	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

HORIZON HOUSING DEVELOPMENT COMPANY

16-1671788

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		123,378		123,378
b Buildings		1,784,526	541,101	1,243,425
c Leasehold improvements				
d Equipment		15,625	15,625	
e Other		91,376	81,553	9,823
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,376,626

Part VII Investments—Other Securities.

Page 3

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Refundable Deposits	5,984
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,984

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	907,721
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	907,721
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	907,721

Part XII**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	764,357
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	764,357
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	764,357

Part XIII**Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

HORIZON HOUSING DEVELOPMENT COMPANY

Employer identification number

16-1671788

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents
In October of 2014, the bylaws of the Organization were amended to change
the number of Directors to a minimum of 9 but not to exceed 15.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
IRS FORM 990 IS REVIEWED AND APPROVED BY THE BOARD BEFORE IT IS FILED.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
BOARD APPROVAL REQUIRED FOR ANNUAL INCREASES IN WAGES OR BONUSES

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
AVAILABLE UPON REQUEST

Name(s) shown on return

HORIZON HOUSING DEVELOPMENT COMPANY

Identifying number
16-1671788

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	85,275

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
h Residential rental property			25 yrs.		S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	85,275
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

DAA

There are no amounts for Page 2

Shanna M. Nieweg

282 Wabash Woods Way ♦ O'Fallon, MO 63366 ♦ (314) 795-5041 ♦ hhdc02@sbcglobal.net

Profile

Accomplished and resourceful nonprofit professional with a successful 14-year track record in nonprofit management. Proven track record in managing agency operations including – all accounting procedures, program services and employee development. I worked directly with the Board of Directors to strengthen organizational and fundraising capacity with strategic direction from creation of a new development plan. During my nonprofit career I have always been in a leadership role. My background includes starting new agencies, creating new funding sources, nonprofit auditing and running program services. With a solid foundation as an agency Executive Director for 3 years.

Skills Summary

<ul style="list-style-type: none"> • Project Management • Profit and Loss projection • Cost Analysis • Special Events • General Leger • Capital Projects • Tax Reporting • HUD Funding • APR Reporting • Sage MIP Programs • HMIS 	<ul style="list-style-type: none"> • Board Financial Reports • 990 Tax returns • Payroll • Financials • Budget Expert • Insurance Health and Business • Grant writer • Program Service Development • Social Business Ventures • Case Management 	<ul style="list-style-type: none"> • Written Correspondence • Head of Audit Committee • Computer Savvy • Transitional Housing • Permanent Housing • Client Assessment • Shelter and emergency services
--	---	---

Professional Experience

Accounting

- Grant funding and Renewal
- Financial reports on a monthly and yearly bases and report to the Board
- Payroll all related tax documents W-2, W-3, 1099, 990, 990-T
- Yearly Budgets for the Board to review and Approve
- G/L, A/R and A/P
- Rents Tracking
- FYE Audit
- Capital Deprecation Schedules
- Capital Projects for Building Renovations
- Human Resources, Interviewing, Employee Files,
- Handle Insurance for both Employees and Business
- Annual APR Reports

Marketing

- Coordinate electronic marketing for development related updates on social media and agency website
- Assisted with the launch of agencies new website
- Maintain the donations
- Community Awareness

Employment History

HNHI - Horizon North Housing Inc. - Saint Louis, MO
Executive Director, 2016 to Current

HHDC – Horizon Housing Development Company – Saint Louis, MO
Executive Director, 2013 to Current

HHDC – Horizon Housing Development Company – Saint Louis, MO
CFO, 2006 to 2013

ARMARK – Saint Louis, MO
Accountant, 2006 to 2007

WESTBOROUGH COUNTRY CLUB/MEMBERS OWNED – Saint Louis, MO
Accountant, 2000 to 2006

INTERNAL REVENUE SERVICE- Saint Louis, MO
Auditor, 1998-2000

Education

Washington University St. Louis – Saint Louis, MO
MBA – Nonprofit Management 2014
Washington University St. Louis – Saint Louis, MO
BS – History, 2010
Washington University St. Louis – Saint Louis, MO
Associates – Accounting, 1998

Profession Involvement

St. Louis City Continuum of Care – Saint Louis Mo- Membership Chair/Board Member-
2013-Present
Susan G. Comma- Saint Louis Mo- Planning Committee-2014-Present

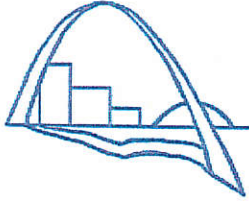
Community Involvement

REI Community revamp parks and recreation volunteer – Saint Charles, MO, 2010 to Present

The Horizon Club shelter placement - Saint Louis, MO, 2007 to 2010

References

Emily Smith CFO DD Resources	314-421-0090
Bree Maniscalco Development Director/Susan G. Comma	314-307-6234
Steve Csik CPA/Owner	314- 832-9275
Tara Loddeke CEO/Owner Dalmatian Carpet Care	314-280-6940



Horizon Housing Development Co.

Job Description for:

Executive Director

Primary Duties:

- Provide General Training to New HHDC Employees
- Provide coaching to all Employees
- Monitor the Performance of All HHDC Employees
- Annual Evaluations of Employees and Discuss with them. Amount of increase of salary/pay determined by budget approval
- Attend and Facilitate staff meetings
- Facilitate and Develop training opportunities for the staff
- Maintain and screen resumes of potential employee candidates
- Contact Interviews (first and second)
- Develop and Enforce Project procedures and forms
- Liaison with other agencies and/or sub-contractors
- Maintain accurate records and prepare reports
- Oversee agencies programs and staff
- Screen New Applicants and/or Applications for Residents
- Conduct interviews with resident and/or family to assess and review living situation and review of income for rental rate (30% of gross income)
- Recommend/make decisions about the best course of action for residents who may have social and/or emotional adjustment problems
- Preparing and Soliciting of Grants
- Attend and Participate in Board Meeting
- Administer to residential rental environment
- Participate in yearly Audits including 990 filing and FYE financial closing
- Handle all Human Resource issues for the agency for both tenants and employees
- Prepare Grant Renewals and budgets for Board approval
- Handle all agencies insurance renewals for employee and commercial
- Review and prepare policies and procedures that govern the agency
- Attend advocacy meetings for city and state
- Participate in CoC meetings and serve on a committee
- Develop efficient ways to develop and diversify the agencies funding sources

Secondary Duties:

- Attend Community Outreach Meetings
- Give Community Presentations about Horizon Housing Development Co.
- Attend educational training

- Assist with special projects and assignments
- Other duties not listed and as assigned

Knowledge and Skills:

- Good oral and written communication skills
- Ability to interact with people from all economic, educational and cultural backgrounds
- Ability to network with key personnel and stakeholders
- Ability to work cooperatively and effectively with coordinating agencies and service providers
- Ability to establish rapport with residents and their families
- Knowledge of federal, state and St. Louis City service delivery systems
- Ability to sit or stand for an extended period of time
- Ability to bend and climb stairs
- Ability to travel to schools, agencies and etc.
- Ability to drive and have proof of insurance
- Ability to be on call 24/7

Minimum Qualification:

- Master Degree in Non Profit Management or a related field
- 5 years of Nonprofit Experience
- Administrative and Financial Experience

This position reports directly to the Horizon Housing Development Co. Board of Directors.

Corrie C. Petschonek

42 Harbor Pointe Ct.
Crystal City, MO 63019

(573) 578-6536

cpetschonek@hotmail.com

Dedicated and skilled professional seeking challenging and rewarding role.

- Fully conversant with accounts receivable, human resources, and office management.
- Proficient in Quickbooks, MIP Abila and Microsoft Office.
- Able to run Windows and Mac.
- Capable of interpreting and executing in place SOP.

Core Skills:

- Mathematical/analytical skills to perform accounting and follow company guidance.
 - Monitoring skills to ensure product quality and office proficiency.
 - Ability to interpret and implement new skills quickly.
 - Able to calmly and effectively handle difficult situations.
-

EDUCATION:

Masters in Business Administration Webster University January 2007 – October 2010
GPA: 3.5 St. Louis, Missouri

B.A. in Business Administration Drury University August 2002 – December 2006
GPA: 3.6 Springfield, Missouri

Chief Financial Officer**Horizon Housing Development Company**

St. Louis, Missouri October 2013-Current

- Perform accounting duties for a non-profit organization
- Accounts payable
- Accounts receivable
- Monthly and year end reporting
- 1099 & 990 taxes preparation
- Audit preparation
- Payroll
- Insurance renewals for employee and organization
- Human resource issues

Office Manager**Carlyle Investment Group, LLC**

Hillsboro, Missouri June 2013 – October 2013

- Perform accounting duties for a realty investment company
- Accounts payable
- Accounts receivable
- Deposits
- Payroll
- Composing Deed's and Notes for various loans
- Calculating payoffs and construction disbursements

Accounting Associate**CACi**

Oakville, Missouri November 2012 – June 2013

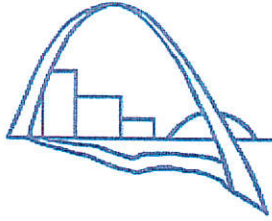
- Perform accounting duties for a collection company
- Accounts payable
- Accounts receivable
- Deposits
- Payroll

Legal Office Assistant**Beger & Bushie, LLC**

Rolla, Missouri May 2009 – January 2011

- Perform receptionist, paralegal, and secretarial duties for small law office.
- Maintain frequent contact with clients
- Law enforcement and judicial personnel.
- Assist in designing, marketing and advertising for owner's successful campaign for County Prosecutor.

References available upon request.



Horizon Housing Development Co.

Job Description for:

Chief Financial Officer

Primary Duties:

- ✓ Payroll – Employee Files and Attendance
 - Prepare Payroll and instigate ACH transfer, checks
 - Input information in MIP
 - Initiate new hires, salary bonuses and increases
 - Maintain Employee records and leave accruals
 - Maintain Excel leave sheets, salary chart
 - File
- ✓ Tax and Benefit Payments
 - Prepare Monthly, quarterly and annual taxes
 - Process Benefit payments
 - Write checks and mail with support documents
 - File
- ✓ Accounts Payable
 - Log and process account payables
 - Review Employee mileage reimbursement
 - Write and review payable checks, update check book and all accounting spreadsheets, mail with support documents
 - File
- ✓ Accounts Receivable
 - Receive and log Tenant Rent
 - Maintain Tenants Rent Schedules
 - Deposit and Record in check book
 - Write pass due letters
 - File
- ✓ Budget and Grant Processing
 - Maintain Current year Budget
 - Input to MIP/Financial Statements
- ✓ End of Month and Year-End General Ledger Procedures
 - Balancing of the General Ledger at End of Month
 - Balancing of the General Ledger at Year-End
 - Maintaining the General Ledger and all accounts

Audit

- ✓ Perform and Prepare all financials, work papers and tax forms for yearly audit
- ✓ Make sure 990 is filed and financial are close out yearly with assistance from the executive director
- ✓ Start paperwork for the next years audit and provide a copy to Director, Funder & Board

Secondary Duties:

- ✓ Other duties as assigned

Knowledge and Skills:

- ✓ Good Accounting Practices
- ✓ Knowledge of Payroll practices and General Ledger
- ✓ Knowledge of End of Month and Year-End Closing
- ✓ Knowledge of Budgeting
- ✓ Good Oral and Written communication skills
- ✓ Ability to interact with people of all economic, educational and cultural backgrounds

Minimum Qualifications:

- ✓ Bachelors Degree
- ✓ 5 years Non for Profit Experience or related Office Experience
- ✓ At Least 5 years Accounting Experience

This position reports directly to Horizon Housing Development Co. Executive Director

ANDRE PARKS

EDUCATION

Phone: 314-771-6387

Fax: 314-736-1028

1992 Bachelor of Arts, University of Illinois, Decatur, Illinois
1983 GED, St. Louis Job Corps, St. Louis, Missouri

CURRENT POSITIONS

2007-Present Patient Care Technician, St. Louis Clinical Trials, LC, St. Louis, Missouri
2007-Present Permanent Supportive Housing Coordinator, Horizon Housing, St. Louis, Missouri

PAST POSITIONS

2005-2007 Driver, Mamie Carter Cares Daycare, Illinois
2003-2005 Mobile Unit Technician, American Red Cross, St. Louis, Missouri
2002-2004 Supervisor of Adolescent Program, New Beginnings Drug Rehabilitation, St. Louis, Missouri
1997-2002 Medical Technician, South County Rehabilitation Center, St. Louis, Missouri
1992-2001 Residential Advisor, Job Corp, St. Louis, Missouri
1984-1992 Electrician, Specialist 4, U.S. ARMY

CLINICAL RESEARCH EXPERIENCE

A Phase 3b, Multicenter, Double-Blind, Fixed-Dose, Parallel-Group, Three Week Placebo Controlled Trial Evaluating the Safety and Efficacy of XXXX in Subjects with Bipolar 1 Disorder Experiencing an Acute Manic or Mixed Episode

A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-controlled Trial to Evaluate the Efficacy, Safety, and Tolerability of XXXX as Maintenance Treatment in Adults with Schizophrenia

Interventional, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled, Active-Reference, Flexible-Dose Study of XXX in Patients with Acute Schizophrenia

A Phase 2, Randomized, Multicenter, Safety, Tolerability, and Dose-Ranging Study of Samidorphan, a Component of XXXX, in Adults with Schizophrenia Treated with Olanzapine

Induction, Stabilization, Adherence and Retention Trial (JSTART)-A Randomized, Non-Inferiority, Multicenter Study to Assess Early Treatment of Efficacy of XXXX Versus Suboxone Film and to Explore Switching Between Treatments

Phase III - A multi-center, open-label, 24-week, follow-up study to assess safety, efficacy and treatment adherence for maintenance treatment of opioid dependence with XXXXX

A Phase 2, Randomized, Multicenter, Safety, Tolerability, and Dose-Ranging Study of XXXXX, a component of XXXXX, in adults with Schizophrenia treated with Olanzapine.

A 12-Week , Randomized, Phase 2, Double-Blind, Parallel-Group Study Of Two Dose Levels Of XXXXX Compared To Placebo In The Adjunctive Treatment Of Outpatients With Sub-Optimally Controlled Symptoms Of Schizophrenia

An Exploratory, Multicenter, Open-label, Flexible-dose XXXXX (XXXXX) Trial in Adults with Acute Schizophrenia

Multicenter, Open-Label, Two-Arm, Parallel-Design, Repeat-Dose Clinical Trial To Evaluate The Pharmacokinetics, Safety And Tolerability Of Four 28-Day Cycle Intramuscular Injections Of Risperidone ISM @ 75 Mg in Patients with Schizophrenia

A Phase 3, Randomized, Multicenter, Double-Blind, Placebo-Controlled, Efficacy, Safety, and Dose-Response Study of XXXXX in the Treatment of Opioid Withdrawal (Days 1-7) Followed by Open-Label, Variable Dose XXXXX Treatment (Days 8-14)

A Phase 3 Randomized, Double-Blind, Placebo-Controlled, Multicenter Study to Evaluate the Efficacy, Safety and Tolerability of XXXXX (90 mg and 120 mg) as a Treatment in Subjects with Acute Schizophrenia Over 8 Weeks (2 Subcutaneous Doses)

An Open-Label, Long-Term Safety and Tolerability Study of XXXXX in the Treatment of Subjects with Schizophrenia

A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Parallel, Fixed-Dose Study to Assess the Efficacy, Safety, and Tolerability of XXXXX for the Treatment of Tardive Dyskinesia

24-month, Multicenter, Randomized, Double-blind, Placebo-controlled, Parallel-group, Efficacy, Safety, Tolerability, Biomarker, and Pharmacokinetic Study of XXXXX in Early Alzheimer's disease (The XXXXX Study- XXXXX)

A Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study to Assess the Antipsychotic Efficacy of XXXX in Patients With Schizophrenia.

A Phase 3, Open Label, Safety Study of Lofexidine

A Phase 2, Randomized, Double-Blind, Placebo-Controlled, Parallel-group, 6-Week Study to Evaluate the Efficacy and Safety of XXXX in Subjects With an Acute Exacerbation of Schizophrenia

Supportive Living Coordinator Experience:

Primary Duties:

Provide information and support to adult women and men with developmental disabilities and their children.

- Meet with consumers to develop an individualized support plan utilizing goals, strategies, timelines etc.
- Work with the consumer to assist in services their children may need to live a quality of life.
- Accurately maintain records, prepare and submit reports for management concerning meetings with and/or progress of consumers.
- Maintain accurate records and prepare reports as directed/necessary.
- Provide training to consumers including but not limited to, cleaning, disaster drills and safety issues.

Revised 09/04/2015

- Assess and review consumers' living situation on a regular basis.
- Provide a schedule on time and services provided to each family (2 hours minimum per family monthly)
- Work in conjunction with consumers' community support workers to enhance live skills by providing support through demonstration and side-by-side modeling.
- Liaison with and refer consumers to community resources for services such as job placement, debt counseling, legal aid, housing, medical treatment, or financial assistance, and provide concrete information, such as where to go and how to apply.
- Maintain an outcome measurements system to track progress and to measure effectiveness, efficiency, and consumer satisfaction to Executive Director.

Secondary Duties

- Participate in training, supervision and team meetings.
- Attend and participate in scheduled staff meetings
- Attend continuing education trainings as needed.
- Provide community presentations about Horizon Housing Inc.
- Assist with special projects and assignments
- Attend Monthly Board Meetings
- Other duties as assigned

Knowledge and skills

- Ability to establish and maintain effective working relationships with consumers, staff, and representatives of community agencies
- Ability to communicate effectively, both orally and in writing, with people from varied backgrounds
- Work performed may be indoors and outdoors, and may involve physical exertion during visits and inspection of units.
- Ability to establish rapport with individuals/families
- Have considerable knowledge of family and group dynamics, a range of intervention techniques, knowledge of governmental and private organizations and resources in the community.
- Knowledge of federal, state, and St. Louis City service delivery systems is essential to this position.
- Attention to detail.
- Ability to maintain confidentiality.
- Ability to sit for an extended period is required. Frequent use of steps, requires some bending and standing.
- Ability to tolerate exposure to unique environments, (i.e. temperature, lighting, housekeeping styles etc.)

RENNIE BAKER

4041 Botanical St. Louis, MO 63110 | hhdc04@sbcglobal.net | 314-952-1179

SKILLS & ABILITIES

- Good oral and written communication skills
- Ability to interact with people from all economic, educational and cultural backgrounds
- Ability and supervisory skills to make independent decisions for staff and outside personnel on both a professional and non-professional level
- Ability to sit, stand, bend and climb stairs
- Ability to drive and have proof of insurance
- Ability to work cooperatively and effectively with contractors, staff, residents and other agencies and service providers
- Ability to plan, organize, implement and interpret the goals, objectives, policies and procedures of the Maintenance department

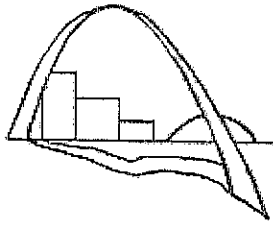
EXPERIENCE

OPERATIONS MANAGEMENT HORIZON HOUSING DEVELOPMENT COMPANY FEBRUARY 2005-CURRENT

- Assist the Maintenance staff in the development and use of policies, procedures, equipment, supplies, etc.
- Maintain maintenance reports and work schedules
- Maintain inventory reports and adequate supplies
- Place orders for supplies and equipment as needed
- Help the maintenance staff establish and maintain Safety/Sanitation regulation in the use of equipment and supplies
- Make sure that all Outside Contractors meet specifications
- Maintain and keep all bids and records on bids
- Make sure contractors have all permits and liens
- Get permits if needed and liens
- Monitor and inspect that outside contractors complete services in accordance with contract/work order
- Submit accident/incident reports of maintenance personnel and investigate accident/incident for cause and effect
- Inspection of apartments on Move In/Outs

ASSISTANT MANAGER FLANIGAN PAINT JANUARY 1985 - OCTOBER 2003

- Assist customers by determining needs and presenting appropriate products and services.
- Handle customer inquiries via the telephone by providing accurate information regarding products and product applications and process telephone orders accordingly.
- Ensure sales transactions are completed accurately.
- Maintain accurate work order files and formulas as needed.
- Document and refer potential wholesale leads to manager and/or sales rep.
- Follow pricing guidelines when quoting customers.
- Ensure customers' quality and service expectations are met.
- Pull appropriate products from sales floor or warehouse, tint and mix to customer specifications.
- Ensure wall covering, window treatment and floorcovering order forms are properly completed, place order and follow-up as necessary.
- Record information on appropriate forms for proper completion of orders/ requests and process in a timely manner.
- Operate the POS for all types of transactions.
- Ensure merchandise has been processed through POS or recorded on manual POST form prior to merchandise leaving the store.



Horizon Housing Development Co.

Job Description for:

Operations Manager (Part-Time)

Primary Duties:

- ♦ Assist the Maintenance staff in the development and use of policies, procedures, equipment, supplies, etc.
- ♦ Maintain maintenance reports and work schedules
- ♦ Maintain inventory reports and adequate supplies
- ♦ Place orders for supplies and equipment as needed
- ♦ Help the maintenance staff establish and maintain Safety/Sanitation regulation in the use of equipment and supplies
- ♦ Make sure that all Outside Contractors meet specifications
- ♦ Maintain and keep all bids and records on bids
- ♦ Make sure contractors have all permits and liens
- ♦ Get permits if needed and liens
- ♦ Monitor and inspect that outside contractors complete services in accordance with contract/work order
- ♦ Submit accident/incident reports of maintenance personnel and investigate accident/incident for cause and effect
- ♦ Inspection of apartments on Move In/Outs

Secondary Duties:

- ♦ Assist in interviewing and selection of Maintenance Staff
- ♦ Assist in the orientation of maintenance personnel and other personnel as needed
- ♦ Recommend the number/level of maintenance personnel and work hours
- ♦ Assure that maintenance personnel maintain residents personal and property rights and maintain confidentiality of residents information
- ♦ Make written and/or oral reports concerning the operation of Maintenance staff and the operation of housing units
- ♦ Assist with special projects and other duties as assigned

Knowledge and Skills:

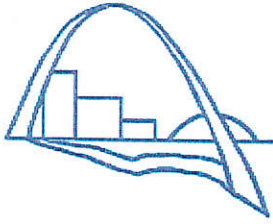
- ♦ Good oral and written communication skills
- ♦ Ability to interact with people from all economic, educational and cultural backgrounds
- ♦ Ability and supervisory skills to make independent decisions for staff and outside personnel on both a professional and non-professional level
- ♦ Ability to sit, stand, bend and climb stairs
- ♦ Ability to drive and have proof of insurance

- ♦ Ability to work cooperatively and effectively with contractors, staff, residents and other agencies and service providers
- ♦ Ability to plan, organize, implement and interpret the goals, objectives, policies and procedures of the Maintenance department

Minimum Requirements:

- ♦ High School Diploma or the equivalent (GED)
- ♦ Working knowledge of non-profit requirements
- ♦ At least 2 years Inventory experience

This position works with and reports to the Executive Director of Horizon Housing Development Co.



Horizon Housing Development Co.

Job Description for:

Maintenance Supervisor (Full Time)

Primary Duties:

- Handyman Function (Buildings/Apartments)
 - Painting
 - Dry Walling
 - Carpeting
 - Tile Work
 - Electrical
 - Plumbing
 - Furniture Repair
 - Insulation
 - Installation
 - Carpentry
 - Appliance Repair
- Assist in the development and use of policies, procedures, equipment, supplies, etc. for the maintenance department
- Follow safety/sanitation regulations and supervise maintenance assistants
- Meet with all contractors for special projects and inspect all their work
- Monthly maintenance inspections
- Maintain equipment and report damage
- Make recommendations for equipment and/or supplies as needed
- Prepare all supply orders and set up all special repairs
- Help with the Move In/Out Inspections and unit monitoring
- Maintain all maintenance repair request

Secondary Duties:

- Assist in finding suppliers with better pricing and supplies
- Assist in special projects and other duties as assigned
- Moving and Storage of Equipment/Supplies/Donations
- Pick-up and Delivery of Donations

Knowledge and Skills:

- Good oral and written communication skills
- Ability to interact with people from all economic, educational and cultural backgrounds

- Ability to work cooperatively and effectively with maintenance personnel, outside contractors, coordinating agencies and service providers
- Must be able to move intermittently throughout the workday from location to location and maintain a good driving record and have proof of insurance
- Must be able to lift, push, pull and move equipment/supplies throughout the day in excess of fifty (50) pounds
- Must have excellent handyman skills or at least working knowledge
- Desire to learn more about profession and about working with the mental and physically disabled
- Ability to function independently, have flexibility and personal integrity to work by yourself as well as with other personnel
- Ability to maintain confidentiality of all resident information

Minimum Requirements:

- High School Diploma or its equivalent (GED)
- At least six (6) years experience in maintenance
- Must have car or truck with ability to haul equipment and supplies

This position reports to both the Executive Director of Horizon Housing Development Co.



Horizon Housing Development Co.

Job Description for:

Maintenance (Full Time)

Primary Duties:

- Basic Handyman Functions
 - Dry Walling
 - Plumbing
 - Painting
 - Tiling
 - Flooring
 - Lock Changing
- Cleaning
- Help Maintenance personnel

Secondary Duties:

- Assist in the development and use of policies, procedures, equipment, supplies, etc. for the maintenance department
- Assist with special projects
- Other duties as assigned

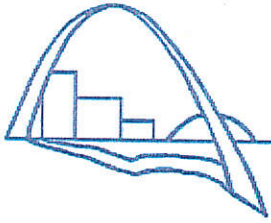
Knowledge and Skills:

- Ability to climb stairs, bend, sit, stand, lift over Fifty (50) pounds for extended periods
- Ability to work with and interact with people from all economic, educational and cultural backgrounds
- Ability to work when needed
- Ability to maintain confidentiality of all resident information

Minimum Requirements:

- High school diploma or GED
- 3 Years of maintenance experience
- Knowledge of handyman functions
- Ability to follow directions

This positions is under the direct supervision of the Maintenance Supervisor and Executive Director



Horizon Housing Development Co.

Job Description for:

Front Desk Monitors (Part-Time) (Gravois Only)

Primary Duties:

- Maintain Log (every shift) e-mail to Executive Director and print hard copy for log book
 - Comings and goings of Residents
 - Comings and goings of Guests of Residents
 - Interactions with Residents
 - Monitoring of other buildings via cameras
 - Monitoring of rear of building and outside via video system
- Contact Resident of Guest arrival – tenant to escort guest in
- Sign in and Out Guest, Take Drivers License or State issued non-driver photo ID and scan into Log
- Notify appropriate individuals in case of an emergency
 - On Call person
 - 911 if needed
 - Executive Director (if not on call) if needed
 - Write Incident Report – if any of above are contacted
- Prepare Maintenance Request Form for repairs – if needed
- Provide assistance to residents such as
 - Looking up phone number
 - Reading directions on a package
 - Explain what was in the residents mail

Secondary Duties:

- Monday and Thursday night Taking to Curb – Trash Cans
- Tuesday and Friday Returning Trash Cans
- Attend staff meetings if requested
- Assist with special projects and assignments
- Other duties as assigned

Knowledge and Skills:

- Good oral and written communication skills
- Ability in interact with people from all economic, educational and cultural backgrounds
- Ability to work cooperatively and effectively with coordinating agencies and service providers

- Ability to sit for extended period of time is required.
- Ability to use Word, e-mail and scanner
- Ability to establish rapport with residents and their families and guest
- Confidentiality is required

Minimum Requirements:

- High School Diploma or its equivalent (GED)
- Knowledge of Microsoft Office and e-mail
- Must be a minimum of eighteen (18) years of age

This position reports to the Executive Director of Horizon Housing Development Co.

Horizon Housing Development Company
Statement of Revenues and Expenditures
From 7/1/2017 Through 6/30/2018

Expenditures		Insurance- excluding	8710	32,000.00
Specific assistance to individuals		Membership dues	8810	400.00
Other salaries and Pension plan	2,877.00	Staff development	8820	1,500.00
Other employee	379,491.00	Advertising	9250	800.00
Payroll taxes, etc.	4,300.00	Contingency	9280	1,000.00
Unemployment Tax	50,668.00	Other	9300	2,500.00
Audit	37,000.00	Minor equipment	9805	5,002.00
Legal fees	9,000.00	Furniture	9830	5,593.00
Other professional	8,000.00	Total Expenditure		<u>811,007.00</u>
Contract temporary services		Revenues		
Supplies	500.00	Grants (DDR)	4510	600,906.00
Bank SC	28,000.00	Government grants- federal(COC)	4520	168,081.00
Credit card charges	1,000.00	HHDC COC Matching Funds	6813	<u>42,020.00</u>
Telephone	200.00	Total Revenues		<u>811,007.00</u>
Postage and Inside & vehicle maintenance	19,000.00			
Cleaning supplies	1,000.00			
Utilities	56,254.00			
Security exp	250.00			
Real estate taxes	70,401.00			
Outside maintenance & equip rental	14,000.00			
Printing and Travel/Mileage	500.00			
Board Expenses	52,571.00			
Conferences, conventions, meetings	400.00			
Licensure/Certifications	2,800.00			
	3,000.00			
	2,500.00			
	<u>500.00</u>			

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

HORIZON HOUSING DEVELOPMENT COMPANY
N00525547

was created under the laws of this State on the 11th day of June, 2003, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 9th day of August, 2016.


Secretary of State

Certification Number: CERT-08092016-0016

